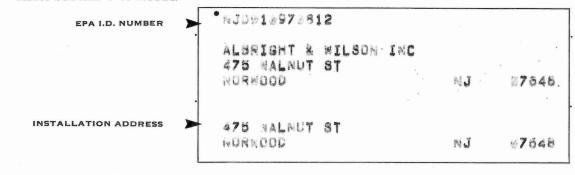


ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.



EPA Form 8700-12B (4-80)

45/19/61

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY	INSTRUCTIONS: If you received a preprinted
INSTALLA- TION'S EPA I.D. NO.	label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is
I. STALLATION	complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted
INSTALLA- TION MAILING ADDRESS PLEASE PLACE LABEL IN THIS SPACE	label, complete all items, "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a trans- porter's principal place of business. Please refer
III LOCATION NJD0109708/2	to the INSTRUCTIONS FOR FILING NOTIFI- CATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).
FOR OFFICIAL USE ONLY	STATES OF STREET
COMMENTS C	55
INSTALLATION'S EPA I.D. NUMBER APPROVED DATE RECEIVED (yr., mo., & day) F N D 0 1 0 9 7 0 8 / 2 2 1 1 3 14 15 16 17 22	
I. NAME OF INSTALLATION	建作品的安全用设设设施的设计设置
Albright & Wilson Inc	
II. INSTALLATION MAILING ADDRESS	67 A DESCRIPTION OF THE SECOND
STREET OR P.O. BOX	
15 16 CITY OR TOWN ST. ZIP	45 CODE
4 Norwood N507	6 4 8
III. LOCATION OF INSTALLATION	PART STATE OF THE
STREET OR ROUTE NUMBER	
5 4 75 Wallnut St	45 FRANCES ATEMATICAL STATES
COLM POOP SON 9	6 4 8
IV. INSTALLATION CONTACT	- 51
NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
15 16	65 46 - 48 49 - 51 52 - 55
V. OWNERSHIP A. NAME OF INSTALLATION'S LEGAL OWNER	THE RESIDENCE PROPERTY OF THE PARTY OF THE P
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
C N L C O J L C S S T & N L C O J L C S S T & N L C O J L C S S T & N L C O J L C S S T & N L C O J L C S S T & N L C O J L C O J L C S T C O T L C O	ater "X" in the appropriate hox(ex)
A. GENERATION B. T	RANSPORTATION (complete item VII)
F = FEDERAL M = NON-FEDERAL C. TREAT/STORE/DISPOSE D. U	INDERGROUND INJECTION
VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate b	
A. AIR B. RAIL C. HIGHWAY D. WATER E. OTHER	(specify):
VIII. FIRST OR SUBSEQUENT NOTIFICATION	
Mark "X" in the appropriate box to indicate whether this is your installation's first notification of haze If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided be	ardous waste activity or a subsequent notification. elow. C. INSTALLATION'S EPA I.D. NO.
✓ A. FIRST NOTIFICATION	
IX. DESCRIPTION OF HAZARDOUS WASTES Please go to the reverse of this form and provide the requested information.	

A HAZARDOUS WASTES	FROM NON-SPECIFIC	SOURCES. Enter the	four-digit number from	40 CFR Part 261.31 fo	r each listed hazardous	
waste from non-specific	sources your installation	handles. Use additiona	al sheets if necessary.			
nelbarks: Marin Chicas Pari	2	3	4	5	6	
instant	ASSAULT TO THE CAN PROPERTY.	1011	130 c 131 x 12 13			
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	
7 7	8	9	10	11	12	
	Control of the Contro					
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	
B. HAZARDOUS WASTES specific industrial source	S FROM SPECIFIC SOUP es your installation handle	RCES. Enter the four—des. Use additional sheets	if necessary.	R Part 261.32 for each	isted nazardous waste i	rom
13	14	15	16	17	18	RUT
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	
19	20	21	22	23	24	
				May visit were fixed		
23 2 26	23 - 26	23 26	23 - 26	23 - 26	23 - 26	
25	26	27	28	29	30	
						19111
23 - 26	23 - 26	23 - 26	23 - 26	23 ~ 26	23 - 26	
C. COMMERCIAL CHEMI	CAL PRODUCT HAZAR handles which may be a h	DOUS WASTES. Enter	the four-digit number	from 40 CFR Part 261.3	33 for each chemical sub	b-
stance your installation	naticles which may be a t	and the second second				11.51
31	32	33	34	35	36	
P122	0006					
23 - 26	23 - 26	23 - 26	23 26	23 - 26	23 - 26	
37	38	39	40	41	42	
		Fig. N LL		1000 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日 日	· (4)	46
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	HITH
43	44	45	46	47		
			THE COLUMN TO SERVICE AND ADDRESS OF THE COLUMN			
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	o from bospitals veterin	nary
D. LISTED INFECTIOUS hospitals, medical and re	esearch laboratories your	installation handles. Us	se additional sheets if ne	ch histed hazardous wast cessary.	e mom nospitais, vetern	ital y
49	50	51	52	53	54	100
						at 145
			23 1 25	23 - 26	23 - 26	
E. CHARACTERISTICS Of hazardous wastes your i	OF NON-LISTED HAZA nstallation handles. (See	RDOUS WASTES. Mar 40 CFR Parts 261.21 —	k "X" in the boxes corre	esponding to the charact	eristics of non-listed	
☐1. IGNITA	\n. =	2. CORROSIVE	☐3. REAG	CTIVE	4. TOXIC	
(D001)		002)	(D003)		(D000)	
X. CERTIFICATION						H.
I certify under penals attached documents, I believe that the sub- mitting false informati	and that based on my mitted information is	inquiry of those inc true, accurate, and c	dividuals immediately complete. I am aware	responsible for obta	zining the information	on,
SIGNATURE			FICIAL TITLE (type or	print)	DATE SIGNED	
Control	Baker		T BAKER, EY		APRIL 23 - 8	-1
	DEVERSE					